

*This portion MUST be returned with your payment to ensure proper credit. THANK YOU*

ACCOUNT BILLED
CROWN ASPHALT CORPORATION

PROJECT NAME
AROC #1/ASPHALT RIDGE TAR SAND

PROJECT ID
M470032

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/27/2001	\$ 350	\$ 350

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

DIVISION OF OIL GAS AND MINING  
1594 WEST NORTH TEMPLE SUITE 1210  
PO BOX 145801  
SALT LAKE CITY UT 84114-5801

Change of Address	
Contact	_____
Address	_____
_____	_____
_____	_____
State	Zip
_____	_____
Phone	_____

*Please make check payable to:*  
**Division of Oil, Gas and Mining**